Filed 12/28/2006 Page 1 of 4

U.S. Department of Justice
United States Marshals Service

Document 34

PI

See
on

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
Lewis Deans	3:05-CV-00293 TMR
DEFENDANT JERRY Stolander	RECEIVED
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Jerry Sjolander City, State, and ZIP Code)	DEC 2 8 2006
AT	CLERKUS. DISTRICT COURT
SEND NOTICE OF SERVICE COPY TO RE	Number of process to be
Lewis Deans	served with this Form - 285
205 E. Dimond Blvd. #712	Number of parties to be
Anchorage, AK 99515	served in this case
	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING STELEPHONE Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and Alternate Addresses, All
Fold *	Fold
	
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF	TELEPHONE NUMBER
dem Defendant	401-344-5151 10/26
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW THIS LINE
I acknowledge receipt for the total number of process indicated. Total Process District District Signature of Authorize to Serve	zed USMS Deputy or Clerk Date
(Sign only first USM 285 if more than one USM 285 is submitted) No. 4 No. 4	a Cul Rizho
I hereby certify and return that I \(\) have personally served, \(\) have legal evidence of service, \(\) have exe	cuted as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company,	
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	, named above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's
Address (complete only if different than shown above)	usual place of abode. Date of Service Time am
	Plan.
	Stenakhre of U.S. Marskal or Venus
Mai D lee	Leed (W)
	Amount of Refund
\$ (including endeavors) \$1360	
sent out certified -RR	
Rolumes 17-26-06	
Helmmed 12-Cle 26	

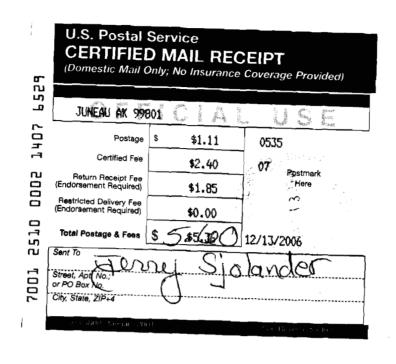
Filed 12/2<u>8/</u>2006

Page 2 of 4

SAO 440 (Rev. 8/01) Summons in a Civil Action

United S	TATES DISTRICT COURT District of	ORIGINA
Lewis Deans		
	SUMMONS IN A CI	VIL ACTION
Cind Andreson		
Sharon Shumwher Serry Syolander Jim Asi	2. -	
Julie News	CASE NUMBER: 3:05-CU-0	10-42 IMB
Kristashunk Debra Wilson Art ArnoW		
Charl Gurette		
TO: (Name and address of Defendant)		
Jerry Sjolander		
-171274516	9	
	nd required to serve on PLAINTIFF'S ATTORNE	EY (name and address)
Lewis Dea		
	and Blrd #112	
Anchoras, Al	K 99515	
on answer to the complaint which is served on you fithis summons on you, exclusive of the day of for the relief demanded in the complaint. Any colors of this Court within a reasonable period of	service. If you fail to do so, judgment by defaul answer that you serve on the parties to this act	days after service t will be taken against you ion must be filed with the
IIA Matteriore	(m)	2 2001

DATE



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee Benegived interinted Name) C. Date of Delivery Control Addressee D. Is delivery addressed interinted interior P. Is delivery addressed interior interior Addressee D. Is delivery addressed interior interior Yes
1. Article Addressed to: Terry Sjolander	D. Is delivery add the principle of the
8	3. Service Type Cortified Mail Registered Insured Mail COD.
2510	4. Restricted Delivery? (Extra Fee) Yes
PSomestic Re	turn Receipt 102595-01-M-2509

222 West 7th Avenue, #28
Anchorage, AK 99513-7568
Official Business
Penalty for Private Use \$300

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	A. Signature X.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 251	0 0002 1407 6529
PS Form 3811, August 2001 Domestic	Return Receipt 102595-01-M-25

Jerry Sjolander





\$ 05.60